

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90239 036 \*\*\*150.00

DOCUMENT # P01000099417

1. Entity Name  
FITNESS LEASING, INC.



Principal Place of Business  
505 WEKIVA SPRINGS ROAD  
SUITE 800  
LONGWOOD, FL 32779

Mailing Address  
505 WEKIVA SPRINGS ROAD  
SUITE 800  
LONGWOOD, FL 32779



2. Principal Place of Business  
**320 W. Sabal Palm Place**  
Suite, Apt. #, etc.  
**Suite 300**

3. Mailing Address  
**320 W. Sabal Palm Place**  
Suite, Apt. #, etc.  
**Suite 300**

04262004 Chg-P CR2E034 (10/03)

City & State  
**Longwood, FL**

City & State  
**Longwood, FL**

4. FEI Number  
**59-3750821**

Applied For  
Not Applicable

Zip  
**32779**

Country

Zip  
**32779**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

KEIDAISH, PHILIP F JR  
505 WEKIVA SPRINGS RD  
SUITE 800  
LONGWOOD, FL 32779

## 7. Name and Address of New Registered Agent

Name  
**Keidaish, Philip F., Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**320 W. Sabal Palm Place**  
**Suite 300**  
City  
**Longwood** **FL** Zip Code  
**32779**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D  
KEIDAISH, PHILIP F JR  
STREET ADDRESS  
505 WEKIVA SPRINGS ROAD SUITE 800  
CITY-ST-ZIP  
LONGWOOD, FL 32779 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
D  
Keidaish, Philip F., Jr.  
STREET ADDRESS  
320 W. Sabal Palm Place  
CITY-ST-ZIP  
Longwood, FL 32779 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04